

Membership Enrollment Form

I want to become a member of the Samuel Dorsky Museum of Art
SUNY New Paltz

I want to give a gift of membership to the Samuel Dorsky Museum of Art
SUNY New Paltz

- | | |
|--|---|
| <input type="checkbox"/> \$10 Student | <input type="checkbox"/> \$250 Sponsor |
| <input type="checkbox"/> \$25 Contributor | <input type="checkbox"/> \$500 Patron |
| <input type="checkbox"/> \$50 Dual/Household | <input type="checkbox"/> \$1000 Benefactor |
| <input type="checkbox"/> \$100 Donor | <input type="checkbox"/> \$2500 Director's Circle |

Membership For: Ms. Miss Mrs. Mr. Mr. and Mrs.

Name(s)

Street

City State Zip Code

Home Telephone Number

Business Telephone Number

I prefer not to receive benefits.

Payment Information

Enclosed is a check for \$____ payable to the SUNY New Paltz Foundation
Please Charge membership totaling \$____ to my (credit card type) _____

Card Number Expiration Date

Signature (required for credit card)

E-mail

Sender (if membership is a gift): Ms. Miss Mrs. Mr. Mr. and Mrs.

Name(s)

Street

City State Zip Code

Home Telephone Number

Business Telephone Number

Membership Category e-mail